

# be a L.E.A.D.er!

Asian Pacific Family Center Prevention Programs present

Leadership, Education,  
Advocacy & Diversity

## FREE SUMMER SEMINARS

One-Day Event

FREE BREAKFAST AND LUNCH



## FRIDAY, August 22, 9-5pm

Identity & Culture

Leadership \* Effective communication \* Race, Racism, and Privilege

Asian American, Native Hawaiian and Pacific Islanders (AANHPI) in the United States

REGISTER BY AUGUST 14, 2014! SPACE IS LIMITED!

For High School Youth (Ages 13-18)

*Open to the Public for*  
*Friday, August 22, 3:30-5pm*  
**GUEST SPEAKER PANEL**

*Everyone is welcome to attend our second day for our guest speakers. Community leaders will be speaking on their work, insights on AANHPI issues and other topics.*

**Speaker Confirmed:**

**Professor Tri Chan Tran, UC Irvine, Language Learning Program,**

**Ms. Tram Le, Associate Director of the Vietnamese American Oral History Project**

*Lunch will be provided.*

To register, please contact Asian Pacific Family Center, Dr. Wenli Jen, [wjen@pacificclinics.org](mailto:wjen@pacificclinics.org).

You must complete an RSVP form to attend.

Asian Pacific Family Center · 9353 E. Valley Blvd, Rosemead CA 91770 · 626-287-2988

# L.E.A.D. – 2014 Summer Program

## PARENTAL CONSENT FOR AUTHORIZATION FOR EMERGENCY TREATMENT AND CARE

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last, First MI Month Date Year

Parent Phone No.: ( ) \_\_\_\_\_ Parent Cell No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip Code \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_ (Parent or Guardian), hereby give permission for my child to attend the L.E.A.D Summer Program, offered by the Asian Pacific Family Center.

I also give permission in the event of an accident, injury or illness that emergency medical treatment be provided for the above named student as deemed necessary by a representative of the Asian Pacific Family Center.

In consideration for the care, custody and control of the above student vested in Pacific Clinics, Asian Pacific Family Center, I hereby release Pacific Clinics, Asian Pacific Family Center and its representatives from any liability arising out of the exercise of their discretion during the period of their care, custody, and control of the said student and agree to hold them harmless against any such liability.

I also grant permission to the Center to photograph the above named student during an activity event, and to use the still or motion picture in any media for the promotion of the Center's activities without any compensation for such use.

I hereby also request and give permission to Pacific Clinics, Asian Pacific Family Center, if necessary, to make transportation by agency van available to the above named student and to bring him/her to or from the program site. In case of any emergency, where I as a parent cannot be reached, I allow staff to contact this person

\_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**Deadline August 14, 2014. Please send to: 9353 E. Valley Blvd. Rosemead CA 91770, or fax to (626) 287-1937**  
**Contact: Dr. Wenli Jen, [wjen@pacificclinics.org](mailto:wjen@pacificclinics.org).**

## Registration Information L.E.A.D 2014 Summer Program

Teen Participant's Name	Teen Participant's Age	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>																				
	Date of Birth	Grade 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>																				
<b>Referral Source:</b>  School _____ Community Agency _____ Other _____																						
Parent Name _____  Address _____ City _____ Zip _____  Home Phone _____ Cell Phone _____  Email Address _____  Primary Language used in home: Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____  Other Children Living in the Household <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">First Name</th> <th style="width: 20%;">Last Name</th> <th style="width: 10%;">Gender</th> <th style="width: 10%;">DOB</th> <th style="width: 30%;">Relation to you</th> </tr> </thead> <tbody> <tr> <td colspan="5">1. _____</td> </tr> <tr> <td colspan="5">2. _____</td> </tr> <tr> <td colspan="5">3. _____</td> </tr> </tbody> </table>			First Name	Last Name	Gender	DOB	Relation to you	1. _____					2. _____					3. _____				
First Name	Last Name	Gender	DOB	Relation to you																		
1. _____																						
2. _____																						
3. _____																						
Any special notes about your teen?  <div style="height: 80px; border: 1px solid black;"></div>																						

**Deadline August 14, 2014. Please send/fax/email to: 9353 E. Valley Blvd. Rosemead CA 91770, fax (626) 287-1937  
Dr. Wenli Jen, wjen@pacificclinics.org.**

<b>For Office Use Only</b>	
Received Date _____	Received by _____
Consent Form Received Date _____	Consent Form Received by _____
Additional Comments:	